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STATE OF IDAHO Retiree Plan COBRA Monthly Premium Rates Effective 7/1/2009 through 6/30/2010

You may only choose a continuation of the plan in effect on the date your retiree plan coverage ends:

	High-Deductible Plan	PPO Plan	Traditional Plan
<i>Without Medicare</i>			
Spouse	\$363.00	\$444.00	\$456.00
Child	\$142.00	\$163.00	\$176.00
Spouse and child	\$505.00	\$607.00	\$632.00
<i>One on Medicare</i>			
Spouse	\$192.00	\$236.00	\$236.00
Child	\$142.00	\$163.00	\$176.00
Spouse and child	\$334.00	\$399.00	\$412.00

PAYMENT OF PREMIUM

You will be billed monthly by Blue Cross of Idaho.

*Note: If you are eligible for the 29 month continuation of coverage you will be charged 150% of group rates for months 19 through 29 and will be advised of such rates by your plan carrier.